

PROGRAM EVENTS

TUESDAY, MARCH 1, 2005

6:30 -7:30 a.m.	Start the Day with Healthy Activities - Tai Chi
7:00 a.m.- 5:30 p.m.	Registration Marquis Registration Booth
7:30 a.m.- 8:30 a.m.	Exhibit Break and Continental Breakfast International Ballroom - Exhibit Level
8:30 a.m.- 11:00 a.m.	Welcome and Plenary Presentation
11:00 a.m.- 11:30 a.m.	Exhibit Break and Refreshments International Ballroom - Exhibit Level
11:30 a.m.- 1:30 p.m.	Fries Prize for Improving Health - Awards Luncheon Marriott Ballroom
1:30 p.m. - 2:30 p.m.	Concurrent Sessions
2:30 p.m.- 3:00 p.m.	Exhibit Break and Refreshments Poster Session with the Authors International Ballroom - Exhibit Level
3:00 p.m. - 4:00 p.m.	Concurrent Sessions
4:15 p.m. - 5:15 p.m.	Concurrent Sessions
6:00 p.m.- 8:00 p.m.	Town Hall Meeting Marriott Ballroom

TUESDAY, MARCH 1, 2005

WELCOME AND OPENING REMARKS

8:30 a.m.– 9:30 a.m.

Marriott Ballroom

Presenter/Speaker

George A. Mensah, M.D., F.A.C.P., F.A.C.C., F.E.S.C.

Centers for Disease Control and Prevention,

National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Shirley Franklin

Mayor

City of Atlanta

What progress have we made in eradicating our society of health disparities?

How can we continue to fight the good fight when, despite a number of effective interventions, disparities persist in health care access and quality of care? Why do these disparities still exist?

What progress have we made in eradicating our society of health disparities? How can we continue to fight the good fight when, despite a number of effective interventions, disparities persist in health care access and quality of care? Why do these disparities still exist? In a rousing introductory presentation, attendees will learn about the evolution of the battle against health disparities, inspiring each of us to stay committed and focused, despite the many roadblocks and setbacks there may be along the way. With a wide range of populations - such as low-income, less educated, racial/ethnic, and gay/lesbian groups - still bearing the brunt of health care inequities, remaining dedicated to the challenge can be daunting for the public health community. With a special focus on using evidence-based research to impact policy, attendees will receive a look at the steps necessary to move beyond recognition of the problem of health disparities and into developing promising solutions to address them, including key areas where improvements have been made in eliminating such disparities.

TUESDAY, MARCH 1, 2005

PLENARY PRESENTATION

9:30 a.m.– 11:00 a.m.

Evidence-Based Research

Marriott Ballroom

Presenter/Speaker

Helen Burstin, MD

Agency for Healthcare Research and Quality

Presenter/Speaker

Roberto Dansie, PhD

CEO, Cultural Wisdom

Presenter/Speaker

Linda C. Ellis, MDiv, MEd

Atlanta Lesbian Cancer Initiative

Presenter/Speaker

Akiko S. Hosler, PhD

New York State Department of Health

Presenter/Speaker

Elena V. Rios, MD, MSPH

National Hispanic Medical Association

Attendees will be treated to a discussion by a panel of notable leaders, including Helen Burstin, M.D., Director of the center for Primary Care Research of the Agency for Healthcare Research and Quality (AHRQ); Akiko Hosler, Ph.D., Director of Diabetes Surveillance and Evaluation at the New York State Department of Health; Elena Rios, M.D., M.S.P.H., President and CEO of the National Hispanic Medical Association; Linda Ellis, Executive Director of the Atlanta Lesbian Cancer Initiative; and Roberto Dansie, Ph.D., CEO Cultural Wisdom. Drawing on findings from the second annual “National Healthcare Disparities Report” developed by the AHRQ, Dr. Burstin will provide an update on the progress that has been made since the first report was published. Additionally, the panelists will discuss their successes, challenges, and theories in implementing strategic plans that are grounded in evidence-based research. With an emphasis on best practices and lessons learned, the panel will describe the report’s performance measures as they relate to the fields of epidemiology, medicine, cultural competency, and behavioral science.

TUESDAY, MARCH 1, 2005

NETWORKING LUNCHEON AND FRIES PRIZE PRESENTATION

11:30 a.m.- 1:30 p.m.

Marriott Ballroom

Presenter/Speaker

James Fries, M.D.

Chairman of the Board
Healthtrac Foundation

Award Recipient

Faye Wattleton

President of the Center for the Advancement of Women

The 2005 Fries Prize Award will be presented to Faye Wattleton, president of the Center for the Advancement of Women, an independent, nonpartisan non-profit research and education institution dedicated to advocating for the advancement of women. As president of the Planned Parenthood Federation of America (PPFA) from 1978 to 1992, Ms. Wattleton championed for reproductive rights and health, shaping family planning policies and programs around the world. Under her leadership, PPFA has grown and now provides medical and educational services to four million Americans each year, through 170 affiliates, operating in 49 states and Washington, D.C. A remarkable role model, Ms. Wattleton now is leading the charge to create an institution dedicated to research-based education and advocacy for women. She will comment on the key programs she has helped implement over the years, as well as her vision for the future of women's health issues and the steps she feels are necessary to have a positive influence.

TUESDAY, MARCH 1, 2005

A01 ADDRESSING INEQUITIES IN THE AMERICAN INDIAN/ALASKAN NATIVE COMMUNITY: PROGRESS AND ONGOING CHALLENGES

1:30 p.m.– 2:30 p.m.

International A

Moderator

Jack F. Trope

Association on American Indian Affairs

Presenter/Speaker

American Indian Health

Dee Ann DeRoin, M.D., M.P.H.

Ioway Tribe of Kansas

Presenter/Speaker

Donald J. Lott, Jr., B.S., M.H.A.

Indian Family Health Clinic

Presenter/Speaker

Carol L. Barbero

Hobbs, Straus, Dean & Walker, LLP Law Firm

The health system that most American Indian/Alaska Natives access is a unique system that reflects the special legal status of American Indians and Alaska Natives. Indian tribes or nations are distinct political communities that possess attributes of inherent sovereignty over both their members and their territories. Indian tribes are neither states, nor part of the federal government, nor subdivisions of either. The United States government has a trust relationship with Indian people based upon the Constitution and common law and memorialized in a score of treaties. Thus, the health care system upon which most American Indians/Alaska Native rely is a hybrid system operated in part by the Indian Health Service, a branch of the Public Health Service, and in part by the Indian tribes themselves, primarily through contracts negotiated with the federal government pursuant to Public Law 93-638. This system has had some real successes in reducing the disparity between American Indians/Alaska Natives and broader populace in areas such as infant mortality rates, but significant disparities continue to exist in areas such as diabetes and periodontal disease. This session will focus upon both these successes and future challenges and explore broader lessons that might be learned from the experience of the American Indian/Alaska Native community.

TUESDAY, MARCH 1, 2005

A02 ECONOMIC ASSESSMENT OF HEALTH CARE AND HEALTH PROMOTION PROGRAMS

1:30 p.m.– 2:30 p.m.

Bonn

Moderator

Shannon T Thompson,
Centers for Disease Control and Prevention

Presenter/Speaker

Racial Disparities in hospitalizations and its costs due to chronic disease in Arkansas

Appathurai Balamurugan, M.D., M.P.H.

Arkansas Department of Health, Diabetes Prevention and Control Program/Arthritis Health Program

Presenter/Speaker

An Economic Analysis of a Childhood Obesity Intervention in Largely Hispanic Schools

H. Shelton Brown, Ph.D.

The University of Texas, School of Public Health, Department of Management Policy and Community Health

Presenter/Speaker

The Cost Effectiveness of Treating the Metabolic Syndrome in the African American and General Population

Joseph Tichawona Tasosa, M.B.A., M.S.

Wright State University, School of Medicine, Department of Community Health, Health Systems Management

This panel presentation will describe efforts to assess the economic aspects of health care and health promotion programs. The first presenter will summarize the El Paso Coordinated Approach to Child Health (CATCH) intervention program designed to reduce the number of childhood obesity cases. Not only does CATCH appear to be effective, but it also results in a net positive economic impact. The following study supports a growing body of literature that indicates the cost-effectiveness of providing preventive services as early treatment, in this case of metabolic syndrome risk factors. The study also compares the cost-effectiveness of treating the metabolic syndrome in African Americans to that for the general population. The third study addresses a disproportionate burden of disease among certain racial groups and finds that this disparity is compounded by limited access to health care and is reflected in hospitalization rates and their costs.

TUESDAY, MARCH 1, 2005

A03

PROMISING EVALUATION APPROACHES TO ASSESSING THE IMPACT OF COMMUNITY-BASED PROGRAMS

1:30 p.m.– 2:30 p.m.

Sydney

Moderator

Barbara A. Bowman, PhD

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Julie W. Will, Ph.D., M.P.H.

Centers for Disease Control and Prevention

Presenter/Speaker

Adapting to Diversity at the US-Mexico Border: Process and Outcomes of a Family-Based Diabetes Program

Nicolette I. Teufel-Shone, Ph.D.

University of Arizona

Presenter/Speaker

Factors involved in the Utilization of PRC Research: A Multiple Case Study Approach

Jeffery Chaichana Peterson

University of New Mexico, Center for Health Promotion and Disease Prevention

This session reinforces the need to identify promising evaluation approaches for assessing the impact of community-based programs and translating the findings into evidence-based program design. Using the RE-AIM (Research, Effectiveness, Adoption, Implementation, and Maintenance) model, which goes beyond the assessment of effectiveness to include a number of other important public health dimensions, researchers were better able to evaluate the effectiveness of the WISEWOMAN program. Participants will learn about the five dimensions of the RE-AIM evaluation framework and the value of using it as a broader model to assess overall public health impact. They also will learn about the current use of Prevention Research Centers' (PRCs) research findings by public health professionals and agencies, communities, and other systems as well as the key factors affecting the process of its utilization. The remaining panelist will share how research suggests that family support and involvement are associated with greater patient compliance with recommended self-management strategies and behavior change within the household. These research findings were translated into local context by promoting family support in a diabetes education program designed for low-income Hispanic families. The panelist will identify strategies for adapting such programs to the local context.

TUESDAY, MARCH 1, 2005

A04 DIABETES AND END-STAGE RENAL DISEASE

1:30 p.m.- 2:30 p.m.

International B

Moderator

Arlene Sherman, CMP, CTAS
Division of Diabetes Translation

Presenter/Speaker

End-Stage Renal Disease Due to Diabetes Among Southwestern American Indians, 1990-2001

Nilka Rios Burrows, M.S.
CDC\NCCDPHP

Presenter/Speaker

The incidence of end-stage renal disease, Georgia, 1999-2002

Karon G. Abe, Ph.D.
Georgia Department of Human Resources, Georgia Division of Public Health, Centers for Disease Control and Prevention

Presenter/Speaker

Getting the Most Out of Vital Statistics Data: Diabetes-related Heart Disease Mortality in New Mexico

Heidi Krapfl, M.S.
New Mexico Department of Health, Diabetes Prevention and Control

Program

Diabetes and diabetes-related end-stage renal disease (ESRD) are major public health burdens, especially among racial/ethnic populations. This session focuses on the assessment of racial disparities in diabetes and end-stage renal disease. The first study was an effort to assess racial disparities in the burden of end-stage renal disease and its contributing causes in Georgia. Participants will learn about two ways that the incidence of ESRD might be reduced in persons with diabetes and hypertension. Then, participants will learn about how multiple-cause mortality data can enhance interpretation of heart disease (HD) mortality among racial/ethnic groups. The presenter will describe the steps to obtain multiple-cause mortality data at the state or national level and how it might be used to explore chronic disease trends. The third project was an effort to assess trends in diabetes-related end-stage renal disease among southwestern American Indians. The results indicate that since 1996, end-stage renal disease incidence decreased in the southwestern American Indian population with diabetes, which may reflect the recent reduction in risk factors and improvements in diabetes care practices.

TUESDAY, MARCH 1, 2005

A05 USING DATA TO GUIDE COMMUNITY PARTNERSHIP EFFORTS

1:30 p.m.- 2:30 p.m.

Champagne

Moderator

Maxia Dong, MD, PhD

Centers for Disease Control and Prevention

Presenter/Speaker

Using geographical information systems to facilitate community based public health planning of diabetes intervention efforts

Daniel J. Kruger, Ph.D.

University of Michigan, School of Public Health, Prevention Research Center

Presenter/Speaker

Youth at Risk: A Status of Youth Behaviors in West Texas and Ciudad, Juarez, Mexico

Ann G. Pauli

Paso del Norte Health Foundation

Presenter/Speaker

Using data to build community partnerships: The little project that did!

Marilyn M. Gardner, Ph.D.

Western Kentucky University, Department of Public Health

This session concerns the use of data to guide community partnership efforts. To begin, participants will hear how the Prevention Research Center of Michigan (PRC/MI) used community-based research principles to design and implement the Speak to Your Health! Community Survey. This survey was developed by an alliance of partners and focuses on community health and community concerns. The discussion will include how geographic information systems can facilitate the planning of community-based public health interventions and the principles and practical applications of community-based research. The next presenter will illustrate ways in which existing data sources can be gathered and used to build partnerships to address health disparities related to issues of childhood overweight, as was the case in rural South Central Kentucky. Local prevalence documented the extent of childhood overweight and, once presented with these data, schools and community partners initiated actions to address the problem. Far from Kentucky, the Paso del Norte Health Foundation (PdNHF) in West Texas and Ciudad, Juarez, Mexico, realized its need to focus on health promotion and disease prevention primarily in the behavioral and environmental aspect of health. The Foundation has identified key focus areas that are crucial in positive youth development. The Youth Risk Behavioral Surveillance System (YRBSS) was utilized to support planning, development, and evaluation of interventions for PdNHF to address risky behaviors of youth.

TUESDAY, MARCH 1, 2005

A06 PHYSICAL FITNESS FOR PERSONS WITH DISABILITIES

1:30 p.m.- 2:30 p.m.

International C

Moderator

Vincent Campbell, PhD

Centers for Disease Control and Prevention

Presenter/Speaker

William E. Bodry

Challenge Center

Presentation will focus on the approach that the Challenge Center has applied to provide community-based programs to persons with disabilities. The interventions designed by the Challenge Center has profound positive outcomes, the most cost effective of which is preventing many secondary disabilities in persons with SCI, MS, TBI, and other long-term disability.

TUESDAY, MARCH 1, 2005

A07

HEALTH DISPARITIES: CHALLENGES, OPPORTUNITIES, AND WHAT YOU CAN DO ABOUT IT

1:30 p.m.– 2:30 p.m.

Magnolia

Moderator

Susan Jack, M.S.
Centers for Disease Control and Prevention

Presenter/Speaker

Hani Atrash, M.D., M.P.H.
Centers for Disease Control and Prevention

This informative and engaging session will include an overview of the fundamental terms and key concepts necessary to understanding the magnitude of health disparities. Attendees will receive the most up-to-date statistics related to the health status of the various race and ethnic groups in the United States, including statistics on mortality, morbidity, behaviors, health care utilization, disability, and quality of care. The presenter will explain the current systems used to classify people by race/ethnicity and the systems' limitations. The discussion also will focus on factors that contribute to health disparities and the challenges facing program and policy makers in tackling this issue. Special focus will be given to strategies that have been implemented to address health disparities, and practical steps health care providers can take to reduce or eliminate health disparities.

TUESDAY, MARCH 1, 2005

A08 THE ALABAMA REACH 2010 PROJECT: A COMMUNITY ACTION PLAN FOR BREAST AND CERVICAL CANCER HEALTH DISPARITIES

1:30 p.m.– 2:30 p.m.

Picard/Chablis

Moderator

Mary Schauer, M.S.P.H.
Centers for Disease Control and Prevention

Presenter/Speaker

Theresa A. Wynn, Ph.D.
University of Alabama at Birmingham

Presenter/Speaker

Mona N. Fouad, M.D., M.P.H.
University of Alabama at Birmingham

Presenter/Speaker

Christine Nagy, Ph.D.
Western Kentucky University

Despite tremendous strides to promote breast and cervical cancer screening, studies continue to show a higher number of cancer deaths among African American women. Yet, the causative factors that contribute to this disparity are still under investigation. Eliminating health disparities require innovative approaches that can have a positive impact on the population at risk. An example of such an innovative approach is the CDC-funded Alabama REACH 2010 project.

This panel presentation will describe the processes involved in implementing and evaluating a Community Action Plan (CAP) that was developed by a diverse coalition to eliminate breast and cervical cancer disparities in nine underserved counties in Alabama. In relation to the CAP, the authors will explain: 1) Community Infrastructure and mobilization efforts to eliminate health disparities; 2) Coalition capacity-building activities; 3) Collaboration with community volunteers (recruitment and training); and 4) Evidence-based project outcomes/progress at the individual, community systems, and agents of change levels. During each presentation, authors will expound on the progress, successes, and lessons learned throughout the course of this seven-year, community-based participatory research project.

TUESDAY, MARCH 1, 2005

A09 EVIDENCE-BASED PROGRAMS FOR IMPROVING CANCER OUTCOMES IN MICHIGAN'S AFRICAN AMERICAN POPULATIONS

1:30 p.m.- 2:30 p.m.

Rhine/Savoy

Moderator

May D. Yassine, Ph.D.

Michigan Public Health Institute

Presenter/Speaker

May D. Yassine, Ph.D.

Michigan Public Health Institute

Presenter/Speaker

Patty Brookover, M.P.H., R.D.

Michigan Department of Community Health

Presenter/Speaker

Yvonne Lewis, B.B.A., B.S.

Faith Access to Community Economic Development (FACED)

This session will illustrate an example of a collaborative approach to a major public health problem and how a successful partnership can potentially create focus and enhance our ability to eliminate health disparities. Panel members will provide an overview of Michigan's Comprehensive Cancer Control Program and its priority objectives. These objectives - which were set by the Michigan Cancer Consortium, a public/private partnership of diverse organizations - encompass goals for reducing disparities in cancer incidence and cancer outcomes statewide. Participants will learn about an innovative program that is underway titled "Improving Outcomes in African-Americans" (ICOAA). Presenters will describe the ICOAA program components and facilitate a discussion of ongoing challenges in evaluating the community-based interventions within the program. The discussion also will focus on how best to engage target communities and to demonstrate the benefit of evidence-based programming to the target audience.

The session will continue with a presentation of selected findings from a population-based survey of cancer-related Knowledge, Attitudes, and Screening Practices of African American adults in Michigan. This special survey can be used for assessing needs and guide interventions in the target communities and also serve as a baseline measure for evaluating changes over time. Discussion will be held around how data can best be presented/shared with the target audience so they can make the best use of them and benefit from the information that has been collected. Engaging the target audience in data collection efforts and in reviewing results will be discussed.

TUESDAY, MARCH 1, 2005

A10 EVIDENCE-BASED APPROACHES TO CHRONIC DISEASE PREVENTION: LESSONS LEARNED FROM EUROPE AND LATIN AMERICA

1:30 p.m.– 2:30 p.m.

Stockholm

Moderator

Ross C. Brownson, Ph.D.

Saint Louis University School of Public Health

Presenter/Speaker

Overview of CINDI, lessons learned from cross-country collaborations

Aushra Shatchkute, M.D.

World Health Organization

Presenter/Speaker

Surveillance, data collection, and a primary care based approach

Gunter Diem, M.D.

CINDI Austria

Presenter/Speaker

Overview of CARMEN, lessons learned from cross-country collaborations

Lucimar Coser Cannon, M.D., M.P.H., Ph.D.

American Health Organization/World Health Organization

Presenter/Speaker

Training of practitioners and successful examples of interventions based on sound research

Branka Legetic, M.D., M.P.H., Ph.D.

Pan American Health Organization/World Health Organization

A great deal is known about effective methods for decreasing the burden of chronic diseases, yet many scientific discoveries take years or decades to be translated into action in community and clinical settings. Internationally, the Countrywide Integrated Noncommunicable Disease Intervention (CINDI Programme in Europe) and the Conjunto de Acciones para la Reduccion Multifactorial de Enfermedades Notrasmissibles (CARMEN)Initiative (in Latin America and the Caribbean) seek to improve health and the quality of life in communities by reducing premature death, disease, and disability from major chronic diseases. Activities across the member countries include surveillance, collaborative interventions, training, and improvements in health services delivery. This presentation will provide an overview of CINDI and CARMEN, their mission and scopes, and will describe lessons learned in chronic disease prevention from experiences in Europe and Latin America.

TUESDAY, MARCH 1, 2005

A11

WHAT DOES IT TAKE TO BUILD A PARTNERSHIP TO ELIMINATE THE DISPARITIES AND INEQUITIES THAT CAUSE UNEQUAL BURDENS OF ILLNESS, DISEASE, AND DEATH?

1:30 p.m.– 2:30 p.m.

International 10

Moderator

Blanca L Torres, M.S.S.W.

National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Building an Equitable Partnership

Lovell Jones, Ph.D.

The InterCultural Cancer Council

The presenter will outline the developmental stages and organizational steps for establishing and sustaining partnerships, the leadership challenges, negotiation skills necessary, and the people skills required. Real-life examples will be presented. Commenters will be posing unique challenges from the perspective of different special populations. Areas covered will include: Elements of a working partnership: how do we create parity in partnerships? What does it take? Who needs to be at the table? What skills are needed? How do you measure success? Participants will learn the strategies, negotiations, and collaborations needed to build the partnerships, as well as how challenges to leadership, representation of diversity, and issues of equity were addressed by the participants and manifested in the partnership.

TUESDAY, MARCH 1, 2005

A12 LEARNING BY DOING: INCORPORATING SOCIAL DETERMINANTS OF HEALTH INEQUITY INTO CHRONIC DISEASE PREVENTION PROGRAMMING

1:30 p.m.– 2:30 p.m.

International 9

Moderator

Elizabeth Baker, Ph.D., M.P.H.

Saint Louis University School of Public Health

Presenter/Speaker

Marilyn Metzler, R.N.

CDC/NCCDPHP

Presenter/Speaker

Laura K. Brennan Ramirez, Ph.D., M.P.H.

Inneval, LLC

In October 2003, the Social Determinants of Health Disparities: Learning by Doing forum was held to provide an opportunity for in-depth sharing of experiences as well as discussion of the challenges and lessons learned in conducting interventions to address the social determinants of health disparities. A group representing individuals from the CDC/ATSDR Social Determinants of Health Working Group, the CDC Prevention Research Centers, the CDC Urban Research Centers, and partners from academia and public health practice organized the forum, which was sponsored by CDC. While there is much to be learned from all aspects of work presented at the forum, the greatest lessons emerge not only from the specific steps taken to address social determinants but also from challenges the groups experience when conducting their work. These include, but are not limited to, challenges associated with how to 1) define the problem of social determinants of health inequities; 2) choose the best processes for moving forward; and 3) develop, implement, and evaluate solutions. This session of the conference will review the workbook that was developed from the forum. The workbook includes an overview of the nine case studies as well as information about best processes for designing, implementing, and evaluating interventions. Participants will learn about portions of the workbook that identify specific strategies needed to incorporate partners needed to address social determinants of health inequity. The session will provide basic information, helpful hints, and specific questions to consider for those interested in addressing the social determinants of health inequity. Participants will be able to critically reflect on strategies and innovative ideas for creating community change.

TUESDAY, MARCH 1, 2005

A13 **REPORTING RACIAL AND ETHNIC DISPARITIES IN
MORBIDITY AND MORTALITY: A LIFE COURSE APPROACH**

1:30 p.m.– 2:30 p.m.

Consulate

Moderator

Nilka Rios Burrows, M.S.
CDC\NCCDPHP

Presenter/Speaker

A life course approach to health disparities
Hector Balcazar, Ph.D.
University of Texas School of Public Health at Houston

Health disparities are not static - they vary with the age of the individuals in a population. Each life stage could have its own set of disparities when comparing two groups. This session will explain how health disparities vary through time as individuals in a population age and traverse the different stages of their lives.

TUESDAY, MARCH 1, 2005

A14 **REMOVING DISPARITIES FROM RURAL HEALTH CARE
SYSTEMS: CURRENT COMMUNITY RESEARCH INITIATIVES**

1:30 p.m.– 2:30 p.m.

International 8

Moderator

Derek M. Griffith, Ph.D.

Prevention Research Center of Michigan/University of Michigan School of Public Health, Department of Health Behavior and Health Ed

Presenter/Speaker

Understanding and Addressing Healthcare Disparities: A County Public Health Department's Dismantling Racism Intervention and Evaluation

Vanessa Jeffries, M.P.H.

Chatham County Public Health Department

Presenter/Speaker

Flint/Genesee County Friendly Access Program: An Evaluation of a Maternal and Child Health Program to Address Disparities

Thomas M. Reischl, Ph.D.

University of Michigan, School of Public Health

Presenter/Speaker

Peer Review Organization's Role in Improving Disparities within a Medicare Population

Mary (Tony) Flowers, B.S., M.A. in progress

Michigan Peer Review Organization

This session will highlight existing community research initiatives in North Carolina and Michigan that have been developed to reduce disparities in health care settings. Particular focus will be given to specific strategies that are being employed to address this need.

TUESDAY, MARCH 1, 2005

B01 **PROGRESS IN STOPPING HEALTH DISPARITY AND INEQUITY:
PARTNERS THAT HAVE MADE PROGRESS IN ADDRESSING THE
ISSUES IN DIFFERENT ENVIRONMENTS**

3:00 p.m.- 4:00 p.m.

Bonn

Moderator

Kathleen Nolan, M.P.H.

National Governor's Association

Presenter/Speaker

The Intercultural Cancer Council

Lovell Jones, Ph.D.

The University of Texas M.D. Anderson Cancer Center

Presenter/Speaker

Health For All: California's Strategy to Eliminate Racial and Ethnic Health Disparities

Larry Cohen, M.S.W.

Prevention Institute

Presenter/Speaker

Bienestar Health Program

Roberto P. Trevino, M.D.

Social and Health Research Center

A panel of three presenters will talk about why their partnership was established, how it was done, what each entity contributed, what were the results, and what is still in the works. This session will illustrate how national, state, and local partners in a partnership have made progress in addressing the issues in their different environments. Participants will learn of cross-contributions between the partners, the assets and challenges for each of these three levels in addressing disparity reductions, and lessons learned from other disparities.

TUESDAY, MARCH 1, 2005

B02 **KEEPING IT SIMPLE: PROMOTING HEALTH LITERACY - A STRATEGY FOR ELIMINATING HEALTH DISPARITIES**

3:00 p.m.- 4:00 p.m.

Champagne

Moderator

Susan Lockhart

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Linda S. Potter, Dr.P.H.

University of Medicine and Dentistry of New Jersey, School of Public Health

Presenter/Speaker

Sunil Kripalani, M.D., M.Sc.

Emory University School of Medicine

Health literacy problems affect people from all backgrounds, especially those with chronic health problems. Healthy People 2010 defines health literacy as "the degree to which people can obtain, process, and understand basic health information and the services they need to make appropriate health decisions." Panelists for this session will use this definition as the point of reference for an informative discussion of health literacy including recent advances in research on this topic and practical examples of how the public health professional can raise awareness of the importance of understandable health information as a key strategy in eliminating healthcare disparities. Panelists will explore exceptional strategies and technology that can be utilized to meet the communication needs of persons from all walks of life and to partner with health professionals to develop consumer friendly materials. Participants will leave the session knowing where to find resources for toolkits, Web sites, and existing materials to support their efforts to develop materials and implement programs to assist individuals with low-literacy skills to successfully access the health care system. This is a must attend session for the public health professional interested in developing solutions to positively impact the health and well-being of individuals.

TUESDAY, MARCH 1, 2005

B03 COMMUNITY EXPERIENCES IN IMPLEMENTING HEALTHY AGING EVIDENCE-BASED PROGRAMS

3:00 p.m.- 4:00 p.m.

Consulate

Moderator

Lisa B. Sinclair, MPH
NCBDDD

Presenter/Speaker

Developing, Implementing and Disseminating Evidence-based Healthy Aging Programs in Community-based Organizations

Nancy Whitelaw, Ph.D.

The National Council on the Aging

Presenter/Speaker

Lynda A. Anderson, Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

James LoGerfo, M.D., M.P.H.

University of Washington, School of Public Health and Community Medicine, Health Promotion Research Center

This session showcases experiences implementing evidence-based healthy aging programs in community-based organizations. The National Council on the Aging (ACOA) conducted a three-year national project to translate health promotion and disease management studies into evidence-based model programs that are feasible for local agencies to operate and that are attractive to older adults. Participants will learn about the results of this project that reinforced the belief that community-based organizations are highly capable of implementing evidence-based health promotion and disease management programs for older adults. The second part of this session will describe the Administration on Aging's three-year Evidence-Based Prevention Initiative to implement evidence-based preventive programs for older adults and the lessons learned after the first year. Although the initiative is still in progress, it has brought awareness about the importance of evidence-based programming to the aging services network.

TUESDAY, MARCH 1, 2005

B04 IMPROVING SCHOOL HEALTH USING NATIONAL AND LOCAL TOOLS

3:00 p.m.– 4:00 p.m.

Picard/Chablis

Moderator

Alexandria L Stewart,
CDC

Presenter/Speaker

Effectiveness of the Massachusetts Partnership for Healthy Weight (MPHW) school-based physical activity and nutrition intervention (5-2-1 Go!)

Daniel M. Finkelstein, Ed.M., M.A.

Harvard University, School of Public Health, Harvard Prevention Research Center on Nutrition and Physical Activity

Presenter/Speaker

American Indian Children Walk for Health: Increasing physical activity by daily walking at school

Donald B. Bishop, Ph.D.

Minnesota Department of Health, Center for Health Promotion

Presenter/Speaker

CDC's School Health Index: A Coordinated Approach to Improving School Health

Anu Gupta, M.P.H., C.H.E.S.

Centers for Disease Control

Each presenter on this panel will share national or local tools and models for improving school health. Set in two neighboring Indian reservations in northern Minnesota, the first project assessed the feasibility and initial efforts of a school environment and policy change for increasing physical activity in American Indian children. The presenter will highlight opportunities for introducing daily walking programs into the community as a feasible and efficacious method for increasing physical activity. Next, participants will learn about the purpose and structure of the Centers for Disease Control and Prevention's School Health Index: A Self-Assessment and Planning Guide (SHI) and the steps involved in implementing the guide as a means to help schools strengthen and improve their health and safety programs and policies. The remaining presenter will showcase preliminary findings on the effectiveness of the 5-2-1 Go! Program, an intervention designed to reduce the prevalence of behavioral risk factors in middle school youth. The program comprises the interdisciplinary Planet Health classroom and physical education curriculum and CDC's School Health Index.

TUESDAY, MARCH 1, 2005

B05 ARTHRITIS AND MULTIPLE SCLEROSIS DATA SOURCES

3:00 p.m.– 4:00 p.m.

Rhine/Savoy

Moderator

John B. Lowe, DrPH, FAHPA, FAAHB

Iowa Prevention Research Center, College of Public Health

Presenter/Speaker

Disparities in National Prevalence Estimates of Arthritis-Attributable Work Limitation

Kristina A. Theis, M.P.H.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Prevalence and Impact of Arthritis Among Utah's Hispanic/Latinos compared to Utah's Non-Hispanic/Latino Whites

Richard C. Bullough, PhD

Utah Department of Health

Presenter/Speaker

Strategies for surveillance of autoimmune and neurological diseases

Dhelia Williamson, M.P.H.,

Agency for Toxic Substances and Disease Registry Division of Health Studies, Health Investigations Branch

This session pertains to methods to measure the prevalence and impact of arthritis and multiple sclerosis. In Utah, researchers used the 2001 Utah Hispanic Health Survey and the 2001 Behavioral Risk Factor Surveillance System (BRFSS) to gather data about the prevalence of arthritis in both populations and the risk factors for arthritis. The presenter will share the results of this investigation, the risk factors for arthritis among the Hispanic/Latino populations, and the disabling consequences of arthritis. The second panelist will discuss the methods and findings of a multiple sclerosis (MS) prevalence study, the efficiency of the methods used, and recommendations for future surveillance strategies of autoimmune and neurological diseases. As the third panelist will describe, work limitation is an important measure of arthritis impact. The described study offers estimates of national arthritis-attributable work limitation (AAWL) among 18- to 64-year-olds with doctor-diagnosed arthritis and examines associated factors, such as demographics, comorbidities, and access to care. Disparities in AAWL by gender, race/ethnicity, education, and income suggest the need for more targeted research to better understand the natural history of work limitation and work-specific factors likely to result in AAWL.

TUESDAY, MARCH 1, 2005

B06 ASSESSING PHYSICAL ACTIVITY IN POPULATIONS

3:00 p.m.– 4:00 p.m.

Magnolia

Moderator

Carmen Sanchez-Vargas, M.D., M.O.H., M.P.H.
Centers for Disease Control and Prevention

Presenter/Speaker

The Status of the States: Benchmark Scoring for the State Physical Activity Program

Tammy Vehige, MEd, CHES

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Elementary Students Dietary and Physical Activity Behaviors-Disparities by Grade and Gender

Millie Naquin, Ph.D.

Southeastern Louisiana University, College of Nursing & Health Sciences, Department of Kinesiology and Health Studies

Presenter/Speaker

Putting The Pieces Together: Lifestyle Physical Activity Among Hispanics Using Multiple Surveillance Systems

Sandra Ham, MS

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

This panel presentation is focused on the assessment of physical activity in various populations. In an effort to focus the technical assistance efforts of the CDC's Physical Activity and Health Branch, health education competencies related to physical activity disparities across the 50 states were assessed. Participants will learn of the five benchmarks used to assess these competencies and the preliminary findings. The next project was an assessment of the dietary and physical activity behaviors of students in grades 1 through 4, in an effort to examine the differences in these behaviors by gender and grade level and to use the findings to make recommendations about interventions to prevent obesity. Participants will learn how to assess students as well as the results of the study. The remaining project design was to describe lifestyle physical activity (occupation, transportation, household, leisure-time) in Hispanics and Latinos using surveillance statistics. Researchers found that multiple surveillance systems were needed to provide information about multiple domains of lifestyle physical activity.

TUESDAY, MARCH 1, 2005

B07 THE ART AND SCIENCE OF DEVELOPING PARTNERSHIPS

3:00 p.m.- 4:00 p.m.

Stockholm

Moderator

Brick Lancaster, MA, CHES

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Using neighborhood-specific clusters to stimulate and evaluate behavioral change: a Social Mobilization Campaign for Increasing Awareness of HIV/AIDS & Chronic Disease

Bilal A. Salaam

Pan-African Pedagogy Institute

Presenter/Speaker

Developing Sustainable Community-Based Chronic Disease Prevention Models in NC

Margaret L. Sauer, M.S., M.H.A.

Duke University Medical Center, Department of Community and Family Medicine, Division of Community Health

Presenter/Speaker

Moving from Advising to Partnering

Anne Doolen, B.A.

Migrant Benevolent Association, Inc

This session will highlight lessons learned, strategies, essential elements, and tactics of developing effective partnerships. The first presenter will describe the evaluation findings of a partnership between a community advisory committee and a university-based Prevention Research Center, which revealed compelling information, lessons learned, and strategies for developing effective partnerships in diverse and rural communities. The second presenter will focus on the "Communities Accepting Responsibility" (CAR) campaign, a multicultural social mobilization campaign to promote knowledge and behavioral change as it relates to HIV/AIDS and chronic disease. Participants will learn about proven and effective mobilization strategies that empower consumers within at-risk communities to seek information on HIV/AIDS, STDs, mental health, and other health conditions. Concluding the session is a discussion of how Duke University Medical Center's Department of Community and Family Medicine has developed a technical assistance partnership with community partners serving low-income, uninsured individuals to develop sustainable chronic disease/obesity prevention services. Participants will learn of strategies for developing successful collaborations and essential elements necessary to sustain these efforts.

TUESDAY, MARCH 1, 2005

B08 PARTNERSHIPS FOR PROMOTING PHYSICAL ACTIVITY

3:00 p.m.– 4:00 p.m.

Sydney

Moderator

Lori A. Elmore, MPH, CHES, BSEd.
Centers for Disease Control and Prevention

Presenter/Speaker

Extending Access to Physical Activity Programs for Persons with Arthritis Through Community Partnerships

M. Jean Gearing, M.A., Ph.D., M.P.H.

Georgia Department of Human ResourcesGeorgia Division of Public Health, Chronic Disease Prevention and Health Promotion Branch

Presenter/Speaker

Implementing Diverse National Strategies to Address Health Disparities in Older Adults Through Physical Activity

Jason E. Lang, M.P.H., M.S.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

PE2GO - a program to address disparities in youth physical activity opportunities

Maurice Martin, Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

This panel presentation will highlight partnerships for promoting physical activity beginning with a program called PE2GO, one of Nike's partnering initiatives. PE2GO is a self-contained physical education (PE) program that provides classroom teachers with the tools they need to lead developmentally appropriate, quality PE lessons in their 4th- and 5th-grade classrooms in inner-city schools. Participants will learn about the multiple methods used to evaluate the PE2GO program and the findings from the pilot study. The second panelist will describe several national examples of interventions to address the health needs of older adults through health promotion/disease prevention activities developed and implemented since 2001 by multiple national, state, and local partners spearheaded by the Centers for Disease Control and Prevention and the Administration on Aging. The session will highlight three distinct examples of national grant programs to reduce health disparities among racial and ethnic minority older adults. The third presentation describes how chronic disease-focused coalitions and health education strategies established a sustainable physical activity program for people with arthritis. Highlighted aspects include the use of community partnerships and principles to leverage and enhance the implementation of physical activity programs.

TUESDAY, MARCH 1, 2005

B09 PARTNERSHIPS TO PROMOTE CHILD HEALTH

3:00 p.m.- 4:00 p.m.

International A

Moderator

Tina Utley Edwards, MPA
Chenango Health Network

Presenter/Speaker

Child participation in snack and meal preparation positively affects preference for fruits and vegetables

Marilyn S. Nanney, Ph.D., M.P.H., R.D.

Saint Louis University, School of Public Health, Department of Community Health

Presenter/Speaker

Lessons learned from engaging schools and underserved youth in physical activity promotion research

Nancy O'Hara-Tompkins, Ph.D.

West Virginia University, Prevention Research Center

Presenter/Speaker

Promoting Healthy Eating and Physical Activity Among Preschoolers In Low Socio-economic Communities in Pennsylvania

Vaheedha C. Prabhakher

This panel presentation will describe partnerships used to promote child health beginning with the implementation of the Color Me Healthy (CMH) program in more than 300 daycare, Head Start, and Family Literacy centers across Pennsylvania. The CMH program is designed to reach limited-resource children aged 4 and 5 in daycare settings to promote healthy eating and physical activity. Partners included the Department of Education, the Department of Public Welfare, the Head Start Collaborative, the American Cancer Society, and the Pennsylvania Nutrition Education Network. Each organization shared resources needed for the success of the project. Another partnership, this time focused on 6- to 10-year-old children in St. Louis, Missouri, integrated an evidence-based nutrition curriculum to improve diet among at-risk children and to promote child participation in snack and meal preparation as a strategy to increase fruit and vegetable intake. The presentation will illustrate eating behaviors that are achieved when children participate in snack and meal preparation and the demographic characteristics of children who do not participate in such preparation. Concluding the session is an overview of an initiative that involved primarily rural underserved secondary-level students in the development, implementation, and evaluation of school/community-based research projects designed to promote physical activity. Special focus will be given to the process and challenges of engaging schools and underserved youth in physical activity promotion research.

TUESDAY, MARCH 1, 2005

B10 **IMPLEMENTING PLANS OF CARE FOR CHRONIC CONDITIONS
IN THE SCHOOL SETTING**

3:00 p.m.– 4:00 p.m.

International C

Moderator
Nikki Hayes

Presenter/Speaker
Diabetes Awareness, Training, and Action Program: North Carolina's
Response to the Care of School Children with Diabetes Law
Paula Hudson Collins
North Carolina Department of Public Instruction

A collaborative group comprising state government agencies and councils, a nonprofit association, foundation, and medical center formed a state-level task force in response to North Carolina SB 911. The law requires all school children who have diabetes to have an Individual Diabetes Care Plan in place upon parental request. In addition, it requires schools where children with diabetes are enrolled to offer general training for all faculty and support staff and to provide two volunteer emergency care providers for students with diabetes. The task force responded to the law, developed and produced training materials, designed and implemented six regional train-the-trainer sessions, sought private funding, and developed the care plans and all reporting forms. This presentation will describe the information, materials, and strategies used in implementing the statewide Diabetes Awareness Training and Action (DATA) Program in North Carolina. The session will highlight the collaboration between the school and health systems and explain how others can build similar partnerships.

TUESDAY, MARCH 1, 2005

B11 INFLUENCING SOCIAL DETERMINANTS AT THE STATE AND NATIONAL LEVEL

3:00 p.m.– 4:00 p.m.

International 8

Moderator

Kimberly L Peabody, BS, MS, PhD
NIOSH

Presenter/Speaker

Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities
Leslie Mikkelsen, M.P.H., R.D.
Prevention Institute

Presenter/Speaker

Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities
Larry Cohen, M.S.W.
Prevention Institute

Presenter/Speaker

Case Study Assessment of Hard to Reach Populations' Perceptions of Medicare Rights and Protections
Margaret Gerteis, Ph.D.
BearingPoint, Health Services Research & Management Group

Presenter/Speaker

Predictors of Health Status for Disadvantaged Medicare Beneficiaries: Results of the Medicare Health Outcomes Survey
Beth Hartman Ellis, Ph.D.
Health Services Advisory Group, Surveys, Research & Analysis

This panel presentation will focus on efforts to influence social determinants at the state and local level. The first two projects pertain to the Medicare population. In one, the Medicare Health Outcomes Survey was used to obtain information about predictors of physical health status for disadvantaged Medicare managed care beneficiaries. The results indicated that racial/ethnic background was not the strongest predictor of poor health. Poor beneficiaries (those having a household income of less than \$10,000 a year) and those who had a low educational level (8th grade or less) were more likely to have poor health. The next project explored how isolated, vulnerable, and minority populations of Medicare beneficiaries perceive their rights and protections under Medicare, their experiences exercising those rights, and how their perceptions and experiences differ from those of Medicare beneficiaries in general. Findings in this study do not support prior assumptions. The third presenter will provide an overview of Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Disparities in Health. Key elements that also will be described are the community clusters, the factors that contribute to or reduce disparities as well as their role in closing the health gap, and the implications for next steps.

TUESDAY, MARCH 1, 2005

B12 COMMUNICATING CLEARLY WITH PEOPLE HURT MOST BY CHRONIC DISEASE

3:00 p.m.- 4:00 p.m.

International 9

Moderator

P. Lynne Stockton, V.M.D., M.S., E.L.S.
Centers for Disease Control and Prevention

Presenter/Speaker

L. Dawn Satterfield, Ph.D., C.D.E.
Centers for Disease Control and Prevention

Presenter/Speaker

Katie P. Kilker, B.S., C.H.E.S.
Centers for Disease Control and Prevention

Presenter/Speaker

Laurie C. Booker, BSN, MS
Centers for Disease Control and Prevention

More than 90 million Americans cannot understand basic health information, and the consequences can be deadly. This panel of doctors, nurses, and health educators will discuss the growing need for easy-to-read information in public health. They will review the Institute of Medicine's latest findings about health literacy, explain how health literacy is linked with health equity and healthy outcomes, and will present examples of how plain language improves health outcomes for people hurt the most by disease. They also will present examples of how plain language and good scientific writing can promote better communication among health care professionals and be important in other public health fields. Participants will get the opportunity to compare the panelists' examples with their own print materials and begin to recognize areas where readability can be improved. Whether you are a physician, nurse, health educator, health communications specialist, policy maker, agency chief, or state partner, you will not want to miss this enlightening session.

TUESDAY, MARCH 1, 2005

B13 SOCIAL DETERMINANTS AND GLOBAL PROGRAMME ON HEALTH PROMOTION EFFECTIVENESS: HOW THE NORTH AMERICAN EFFECTIVENESS PROJECT IS EXPANDING THE EVIDENCE BASE FOR COMMUNITY EFFORTS TO CREATE CONDITIONS THAT PROMOTE HEALTH FOR ALL

3:00 p.m.– 4:00 p.m.

International B

Moderator

Mary Hall, M.P.H.

Centers for Disease Control and Prevention

Presenter/Speaker

Marcia Hills, R.N., Ph.D.

University of Victoria, Canada

Presenter/Speaker

Stephen Fawcett, Ph.D.

University of Kansas

Presenter/Speaker

Marilyn Metzler, R.N., B.A.

Centers for Disease Control & Prevention

The debate regarding evidence in health promotion stems in part from the need to identify the best possible ways to promote health; to make decisions for policy development and funding allocation; and to demonstrate to decision-makers that health promotion works and is an effective strategy in public health. To address this need, the Global Programme on Health Promotion Effectiveness (GPHPE) involves a wide range of partners at the global and regional levels in an effort to describe the state-of-the-art in health promotion effectiveness and aims to raise standards of health promoting policy-making and practice worldwide by: reviewing evidence of effectiveness in terms of health, social, economic, and political impact; translating evidence to policy-makers, teachers, practitioners, researchers; and stimulating debate on the nature of evidence of effectiveness. The principal challenge for the GPHPE is to develop a sustainable approach with adaptations suitable to different regional needs, while maintaining the high quality for which the European work that triggered the programme is recognized. Although varied, the regional activities are all clearly designed to contribute to the global body of knowledge that the GPHPE aims to build.

The social determinants of health will be taken as an example within the health promotion effectiveness debate. The effectiveness project of the North American region focuses on synthesizing the knowledge base for inter-sectoral community efforts that promote health with particular emphasis on those community efforts that deal with the social determinants of health. Participants will hear about findings from evidence-based literature reviews on social determinants and a framework that has been developed for the North American project on social determinants and the community context. The discussion will include recommended capacity-building measures in the North American region for evaluating the effectiveness of community efforts directed at the social determinants of health, as well as lessons learned and future challenges.

TUESDAY, MARCH 1, 2005

B14 **FAITH-BASED ORGANIZATIONS: ANSWERING A CALL TO HEALTH**

3:00 p.m.– 4:00 p.m.

Amsterdam

Moderator

Gregory C. Smothers, MPA, MT
Centers for Disease Control and Prevention

Presenter/Speaker

Charmaine Ruddock, MS
Institute for Urban Family Health

Presenter/Speaker

Cheryl Taylor, PhD, RN, MN
REACH 2010 @ the Heart of New Orleans

Presenter/Speaker

Elizabeth Ann Calhoun, Ph.D.
University of Illinois at Chicago, School of Public Health, Division of
Health Policy and Administration

REACH 2010 grantees have taken varied approaches for addressing chronic diseases in local ethnic/racial communities. The presenters will describe methods for promoting healthier lifestyles working through the influence of faith-based leadership, pastors and first ladies, to support system and environmental changes. These lifestyle system changes benefit the community as well as the congregation in adapting and maintaining healthier lifestyle and behaviors. Presenters will share their opportunities for collaboration and for implementation of policies in chronic disease control with faith-based and community-based organizations.

TUESDAY, MARCH 1, 2005

B15 **THE IMPORTANCE OF STANDARDIZED DATA IN REPORTING
RACIAL AND ETHNIC DISPARITIES**

3:00 p.m.– 4:00 p.m.

International 10

Moderator

Michelle L Lackey, Ph.D.
CDC\NCCDPHP

Presenter/Speaker

Importance of standardized data in racial and ethnic disparities
Olivia Carter-Pokras, Ph.D.
University of Maryland School of Medicine

The assessment of health disparities requires the use of comparable data. Currently, the re-collection of health data from sub-populations living in the United States does not follow a uniform methodology. Such methodology is very much needed as we advance the knowledge in this field. This session provides an overview of the importance of standardizing data in reporting racial and ethnic disparities. Participants will hear how racial and ethnic data are collected in major surveys, the differences between these surveys regarding their target populations, and the benefits of standardizing data in major health surveys.

TUESDAY, MARCH 1, 2005

C01 UTILIZING SOCIAL MARKETING TO ADDRESS HEALTH DISPARITIES

4:15 p.m.- 5:15 p.m.

Bonn

Moderator

Cherryll Ranger, RN, BSN, GCPH, M.A. CHES
NCEH/ATSDR

Presenter/Speaker

Application of Chronic Disease Self-Management Materials and Methods in a Rural Primary Care Setting

Richard Crespo, Ph.D.

Marshall University School of Medicine, Department of Family and Community Health

Presenter/Speaker

Start Living Healthy: Using Social Marketing to Address Health Disparities

Cynthia Cabot

Hawaii State Department of Health, Tobacco Settlement Project/Healthy Hawaii Initiative

Presenter/Speaker

VERB Campaign: Extending the reach of national campaign to ethnically diverse audiences.

Rosemary Bretthauer-Mueller

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

VERB Campaign: Extending the reach of national campaign to ethnically diverse audiences.

Heidi Melancon, M.P.H.

Centers for Disease Control and Prevention

This session will introduce participants to ways social marketing was used to reach ethnically diverse or underserved populations. To ensure that all segments of the multicultural audiences are reached by the VERB Campaign, CDC worked with four multicultural advertising/marketing agencies to supplement and complement the general market communication with culturally relevant messages through appropriate channels. These products were developed based on extensive formative and message-tested research. Participants will learn how research findings further refine concepts and messages for culturally relevant communication, which is mandatory to close the gaps inherent in general market communication. The panel will then share lessons learned about a mass media campaign, Start.Living.Healthy (SLH), targeted to a multiethnic population. Results of the first phase of the SLH campaign indicate high brand recognition and campaign awareness among all ethnic, income, and education groups. The presenter will identify the strategies used to tailor a social marketing campaign to a multiethnic population as well as the differences in reach of a social marketing campaign by ethnicity, income, and education. In conclusion, the panel will describe the development and application of self-management materials and methods, congruent with the transtheoretical model of behavior change, into a rural, underserved primary care setting. They also will present findings on the implications of applying this model and the efficacy of the model in promoting self-management among patients with chronic diseases.

TUESDAY, MARCH 1, 2005

C02 ADOPTING HEALTHY AGING PROGRAMS IN DIVERSE SETTINGS

4:15 p.m.- 5:15 p.m.

Champagne

Moderator

Susan J. Snyder, M.S.

Senior Services of Seattle/King County Senior Wellness Project

Presenter/Speaker

"The 10 Keys to Healthy Aging" An Innovative Approach to Community Health

Constance Mols Bayles, PhD

University of Pittsburgh Graduate School of Public Health, Department of Epidemiology, Center for Healthy Aging

Presenter/Speaker

Community-Based Arthritis Exercise Randomized Control Trials: Implementation in Diverse Populations and Settings

Leigh F. Callahan, PhD

University of North Carolina at Chapel Hill, Thurston Arthritis Research Center

Presenter/Speaker

Eliminating Disparities in Communities of Color through the Lifetime Fitness Program

Susan J. Snyder, M.S.

Senior Services of Seattle/King County Senior Wellness Project

The focus of this session is healthy aging and fitness programs for older adults in diverse communities. The first project, set in the state of Washington, highlights the experiences of the Lifetime Fitness Program (LFP), an evidence-based physical activity program for older adults in communities of color. Two to three times a week, participants participated in strength, endurance, balance, and flexibility exercises. The presenter will describe the implementation and evaluation of the LFP and the lessons learned about implementing such a program.

The next project, set in an at-risk, underserved community in Pennsylvania, introduced the "10 Keys to Healthy Aging" program to reduce preventable risk factors in the aging population. This session will highlight the various methods used to reduce preventable risk factors in the aging adult population as well as the importance of using multiple interventions and working with community partners to improve public health. Finally, participants will learn about the challenges, rewards, and lessons learned when conducting randomized community intervention trials of arthritis-specific exercise programs (i.e., "People with Arthritis Can Exercise" and "Active Living Every Day") in diverse populations and locations.

TUESDAY, MARCH 1, 2005

C03 PROGRESS IN CHRONIC CARE MONITORING

4:15 p.m.- 5:15 p.m.

Consulate

Moderator

Catherine Tapp, MPH

Arkansas Department of Health - Arkansas Central Cancer Registry

Presenter/Speaker

Creating a Medical Home for Asthma: Improving care in pediatric clinics serving low-income communities

Winston Liao, Ph.D.

RTI International

Presenter/Speaker

Application of Chronic Disease Frameworks to Diabetes Care within the Indian Health Care System

Kelly J. Acton, M.D., M.P.H.

Indian Health Service, Division of Diabetes Treatment and Prevention

Presenter/Speaker

Evaluation and Quality Monitoring of Chronic Disease Education Programs-brokerage system for providers and funders

Richard H. Osborne, B.Sc., Ph.D.

The University of Melbourne, Department of Medicine, Centre for Rheumatic Diseases

Progress in the quality of care and monitoring of chronic diseases is the focus of this session. The panel begins with a description of a successful program called "Creating a Medical Home for Asthma" (CMHA) that was implemented in New York City. CMHA improved the quality of care for asthma patients in pediatric clinics serving low-income communities, thus addressing a major cause of health disparities in asthma. The next presenter will describe how the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention used the Chronic Care Model (CCM) and the Innovative Care for Chronic Conditions (ICCC) Framework to evaluate the implementation of essential elements of diabetes care in the IHS system. Participants will be able to adapt this same strategy to their diabetes clinical care program. Then, participants will learn about a self-management program for people with chronic disease that is being implemented in Australia called the National Quality and Monitoring System. The presenter will convey the structure, function, and potential contribution of such a system and an integral component, the Health Education Impact Questionnaire (HEI-Q), which is used to evaluate health education programs for people with chronic conditions. Participants will learn of other potential uses of the HEI-Q.

TUESDAY, MARCH 1, 2005

C04 DISEASE MANAGEMENT AND COLLABORATIVES: INNOVATIVE METHODS AND EFFECTIVE TOOLS

4:15 p.m.- 5:15 p.m.

Magnolia

Moderator

Herschel W Lawson, MD
CDC; NCCDPHP; DCPC; PSB

Presenter/Speaker

Jo Anderson, B.S.
Missouri Department of Health and Senior Services, Missouri Diabetes Prevention and Control Program

Presenter/Speaker

Strategies that Facilitate Statewide Collaboration and Impact Chronic Disease Disparities in Primary Health Care Settings
Janet Johnson Reaves, R.N., M.P.H.
North Carolina Department of Health and Human Services, Division of Public Health, Diabetes Prevention & Control Program

Presenter/Speaker

Six Health Organizations that Have Implemented Chronic Disease Management Programs in Rural and Underserved Patient Populations
Jane Nelson Bolin, Ph.D., J.D., R.N.
Texas A&M University System Health Science Center School of Rural Public Health, Department of Health Policy & Management

In an effort to identify innovative methods and effective tools and strategies in the management of disease, these three projects investigated and evaluated chronic disease management programs and collaboratives. The first study evaluated chronic disease management programs offered by six health organizations serving primarily rural and underserved patient populations and found that, through the use of a variety of innovative and collaborative methods, these organizations have achieved clinical and financial success. Another study, of the North Carolina Chronic Disease Management Collaborative, identified successful partnering efforts and strategies that others may adopt to impact the quality of health care for disparate populations. Participants will learn about potential community partners with whom collaboratives may be established as well as materials and tools that support the collaborative process. The third presenter will share the concept of creating and using a "scoreboard report" as a quality improvement and communication tool within federally qualified health care centers (FQHC). The scoreboard serves several functions: It targets areas for improvement cycles; identifies successful centers in implementing best practices; provides peer-pressure effect; and serves as a communication tool to allow everyone within an organization to see how the organization is performing.

TUESDAY, MARCH 1, 2005

C05 CHRONIC DISEASE IN AMERICAN INDIANS

4:15 p.m.– 5:15 p.m.

Rhine/Savoy

Moderator

Benita L. Harris, M.P.H.

Centers for Disease Control & Prevention -- Office of Minority Health/Office of Health Equity

Presenter/Speaker

Etiology of Chronic Liver Disease among American Indians, Phoenix, Arizona

Stephanie Bialek, M.D., M.P.H.

Centers for Disease Control and Prevention, National Center for Infectious Disease, Division of Viral Hepatitis

Presenter/Speaker

Culturally Competent Surveillance Strategies: Working With American Indian and Alaska Native Populations

Janis C Weber, Ph.D.

RTI International

Presenter/Speaker

Awareness of Cardiovascular Disease Risk in American Indians

Carrie S. Oser, M.P.H.

Montana Department of Public Health and Human Services, Cardiovascular Health Program

This session focuses on chronic disease in American Indians and Alaska Native populations. Although cardiovascular disease (CVD) has become the leading cause of death in American Indians, little is known about how Indian communities perceive their risk. The first project will describe a telephone survey used to identify American Indians' awareness of heart disease risk, history of CVD, and risk factors, as well as any gender differences between the men and women in their perception of cardiac risk factors. The next presenter will share how electronic medical records from the Phoenix Indian Medical Center were used to describe the prevalence of chronic liver disease (CLD) and its etiologies among a sample of Southwestern American Indians. The third presenter will showcase a project to initiate a process by which tribal-specific and village-specific tobacco surveillance data could be gathered, enabling tribes to address public health problems and policy issues. Tribal Support Centers staff, CDC, and contractors worked together to develop a methodology that was not only scientifically rigorous but also culturally competent. Lessons learned through this process will be shared.

TUESDAY, MARCH 1, 2005

C06 **HAIR TODAY, HEALTH TOMORROW: ELIMINATING HEALTH DISPARITIES THROUGH PARTNERSHIPS WITH BEAUTY SALONS**

4:15 p.m.– 5:15 p.m.

International B

Moderator

Francine R Huckaby, MPH
UAB Center for Health Promotion

Presenter/Speaker

Healthy Hair Starts with a Healthy Body: Lay Health Advisors Making a Difference within Communities

Jodi M. Burke, BA, MSW
National Kidney Foundation of Michigan

Presenter/Speaker

Response, Reach, Results: The Shop Talk Breast Cancer Awareness Project
Julie Lejeune, M.S.

West Virginia Medical Institute, Communications/Health Care Quality Improvement Program

Presenter/Speaker

Not In Mama's Kitchen: Empowering Women of Color Against Secondhand Smoke

Tamika R. Walls, B.S., C.H.E.S.
Arkansas Department of Health, Tobacco Prevention & Education

Presenter/Speaker

Not In Mama's Kitchen: Empowering Women of Color Against Secondhand Smoke

Brenda Bell-Caffee, B.A.
Caffee, Caffee and Associates

This session highlights three successful partnerships with beauty salons to eliminate health disparities. Endorsed by the State Barbers and Cosmetologists Licensing Board and supported by resources from several community-based public health organizations, the ShopTalk project included a specially designed kit of educational materials to start the breast cancer awareness conversation between stylists and customers. Key partners, including hundreds of beauty shops, continue to share preventive health information as Community Health Improvement Champions. The next presenter will describe Healthy Hair Starts with a Healthy Body, a diabetes, hypertension, and kidney failure program intended to reduce the disproportionate rate of those diseases among African Americans. The program empowers hairstylists within their community by training them on these chronic diseases, local health care resources, and nutrition and physical activity. Participants will hear about the results of the program and how the small-business community can be used in a variety of ways to address healthy behavior change. The remaining panelist will provide an overview of "Not in Mama's Kitchen," an education-focused campaign created to collaborate with faith-based communities, community-based organizations, coalitions, African American hair salons and beauty supply merchants, and the community at large to get commitment pledges signed by women to not allow smoking in their homes or cars. Also discussed will be key components necessary to present an effective media event as well as the importance of collaborating with key stakeholders.

TUESDAY, MARCH 1, 2005

C07 AN INTERACTIVE WORKSHOP ON HOW TO BUILD PARTNERSHIPS FOR COMMUNITY-BASED PARTICIPATORY RESEARCH

4:15 p.m.– 5:15 p.m.

Stockholm

Moderator

Hodelin F. Rene, PhD

Centers For Disease Control And Prevention

Presenter/Speaker

Building and maintaining effective community-based participatory research partnerships: an interactive session based on best practices

Sarena D. Seifer, MD

University of Washington School of Public Health and Community Medicine

With funding from the CDC's Prevention Research Center Program Office, through a cooperative agreement between the Association of Schools of Public Health and the CDC, the Community Institutional Partnerships for Prevention Research Group has identified characteristics of successful community based participatory research (CBPR) partnerships, factors that facilitate and impeded success, and strategies for building the capacity of communities, public health agencies and academic institutions to engage in CBPR. To address the continuing need for training and education for all partners that will enhance their capacity for CBPR that addresses priority health issues from the community's perspective, the Prevention Research Group has developed the Curriculum Training Module on Building and Maintaining Effective Community-Institutional Partnerships for Prevention Research. This curriculum translates the group's work into a series of short presentations using case studies and interactive exercises designed to trigger discussion and equip participants with strategies and tools for building and sustaining CBPR partnerships. This interactive skill-building workshop will use the curriculum units to guide participants in the key steps for initiating, developing and sustaining CBPR partnerships as well as the common challenges faced by such partnerships. Participants will also learn more about the CBPR partnership curriculum as well as how case studies of CBPR partnerships, focused on eliminating health disparities apply to their own experiences.

TUESDAY, MARCH 1, 2005

C08 UTILIZING INNOVATIVE METHODS TO DEVELOP INTERVENTIONS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH DISPARITIES

4:15 p.m.– 5:15 p.m.

Sydney

Moderator

Linda J. Redman, MPH

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

The influence of social, political, and cultural factors on physical activity among African Americans

Cheryl M. Kelly, M.A., M.P.H.

Saint Louis University

Presenter/Speaker

Engaging Older Adults to be More Active Where They Live: Audit Tool Development

Melissa K. Kealey, M.P.H.

University of California, Berkeley, Center for Family and Community Health

Presenter/Speaker

What we see depends on where we stand: federal and local perspectives on health disparities

Mary Kane

Concept Systems, Inc

This session will highlight innovative methods used to develop interventions addressing social determinants of health disparities. Partners of the Environmental Workgroup of the CDC Healthy Aging Research Network (HAN), for example, have designed and piloted an innovative instrument that focuses on the relationship between the built environment and physical activity in older adults. The instrument was designed to assess street-scale factors associated with physical activity across multiple settings. The presenter will describe the issues in the development of the instrument as well as the lessons learned from the pilot study that have implications for future research. The second panelist will explain that, to identify issues of highest priority, two conceptual frameworks (one state level and one federal level) were developed using a responsive mixed-methods stakeholder-based inquiry and examination model called concept mapping. Findings reinforced the belief that chronic illness and early death are strongly linked to institutional, social, and economic factors that must be recognized and addressed along with better quality of and access to prevention and treatment. The concluding presenter will describe how structured focus group techniques were used to explore the influence of social, political, physical, and cultural factors on physical activity among African Americans. The analysis of the focus groups identified some similar as well as unique challenges to participating in physical activities, including, but not limited to, lack of safety, decreased neighborhood cohesion, physical environment, and generational lifestyle changes.

TUESDAY, MARCH 1, 2005

C09 THE BASICS OF PLAIN LANGUAGE: LEARN HOW TO LIFT THE FOG AND COMMUNICATE CLEARLY

4:15 p.m.– 5:15 p.m.

International A

Moderator

Sarah L. Gregory, B.A.

Centers for Disease Control and Prevention

Presenter/Speaker

Sarah L. Gregory, B.A.

Centers for Disease Control and Prevention

Presenter/Speaker

L. Dawn Satterfield, Ph.D., C.D.E.

Centers for Disease Control and Prevention

This hands-on workshop is for physicians, nurses, health educators, health communications specialists, agency chiefs, and others who want their vital public health messages to reach populations most in need. National experts on chronic disease and health literacy will describe the tools and strategies they use to improve readability. Participants will learn the value of tailoring messages for specific populations and designing messages that are grounded in the principles of health literacy. They will present specific examples to show participants how to use these strategies. Participants should bring materials that they would like to have critiqued. During the last half of the session, members of the CDC Plain Language Work Group will work with participants to critique these materials and suggest ways to improve readability. This will allow participants to appraise their own strengths and limitations in developing plain language materials, and to learn where and how to employ a professional for assistance, if needed.

TUESDAY, MARCH 1, 2005

C10 OBESITY PREVENTION AND CONTROL: EVIDENCE-BASED RESEARCH FOR TAKING OFF THE POUNDS

4:15 p.m.- 5:15 p.m.

International 8

Moderator

Leigh Ramsey, Ph.D.

Centers for Disease Control and Prevention

Presenter/Speaker

Michele Reyes, Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Roodly Archer, Ph.D.

Centers for Disease Control and Prevention

Presenter/Speaker

Beth Tohill, Ph.D.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

The Guide to Community Preventive Services (Community Guide) of the U.S. Preventative Services Task Force will soon publish recommendations for preventing and controlling overweight and obesity for four intervention settings: 1) worksites, 2) schools, 3) medical care, and 4) communities. To complement the Community Guide activities, the Division of Nutrition and Physical Activity (DNPA) is translating these recommendations into specific products developed for each of the four intervention settings. This session will describe the following:

- An example of a collaborative approach to a major public health problem and discussion about how participants might address preventive health needs in their communities.
- The Community Guide's systematic review process and how the U.S. Preventative Task Force issues recommendations.
- DNPA's planned translation and dissemination activities.
- Recommendations, activities, and promising practices in the Community Guide for obesity prevention and control in worksite and medical care settings.

TUESDAY, MARCH 1, 2005

C11 **CHRONIC DISEASE INDICATORS: INTERACTIVE INTRODUCTION
TO THE NEW CDI WEB SITE AND APPLICATION TO STATE
PROGRAMS**

4:15 p.m.– 5:15 p.m.

Picard/Chablis

Moderator

Paul Siegel, M.D., M.P.H., F.A.C.P.M.

Centers for Disease Control and Prevention, National Center for Chronic
Disease Prevention and Health Promotion

Presenter/Speaker

Chris Maylahn, M.P.H.

New York State Department of Health

Presenter/Speaker

Shannon K. Orr, B.A.

Northrop Grumman Information Technology

This session will present a demonstration of the new Chronic Disease Indicators (CDI) Web site. The panel will review the six categories of indicators in the CDI system. Representatives from states will discuss why CDI are useful to state programs, how states have applied CDI to sub-state areas, and how CDI has been used in other innovative ways. Participants will learn how to find state-specific data for one or more indicators, and how to make comparisons to other states and to U.S. national data.

TUESDAY, MARCH 1, 2005

C12 **MORE EVIDENCE, MORE ACTION: USING FINDINGS FROM
THE “GUIDE TO COMMUNITY PREVENTIVE SERVICES” TO
SUPPORT PUBLIC HEALTH PROGRAM AND POLICY**

4:15 p.m.– 5:15 p.m.

International 9

Moderator

Peter A. Briss, MD, MPH

Centers for Disease Control and Prevention

Presenter/Speaker

Jonathan E. Fielding, MD, MPH, MBA

County of Los Angeles, Dept. of Health Services

Presenter/Speaker

Ross C. Brownson, Ph.D.

Saint Louis University School of Public Health

Presenter/Speaker

George A. Mensah, M.D., F.A.C.P., F.A.C.C., F.E.S.C.

Centers for Disease Control and Prevention, National Center for Chronic
Disease Prevention and Health Promotion

The session will promote awareness of The Guide to Community Preventive Services (Community Guide) as a premier source of evidence-based recommendations on interventions to promote health and prevent chronic disease on topics such as diabetes, physical activity, oral health, and underlying sociocultural factors. The Guide can support program and policy decisions related to eliminating health disparities. The session will also promote awareness of efforts to translate findings into policy and practice including ways to address health disparities. Participants will learn of their potential role in translating findings into policy and practice.

TUESDAY, MARCH 1, 2005

C13 COMMUNITY AND BUSINESS STRATEGIES TO ADDRESS HEALTH CARE DISPARITIES

4:15 p.m.– 5:15 p.m.

International 10

Moderator

Abby C. Rosenthal, MPH

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Presenter/Speaker

Impacting Tobacco Dependence Treatment in Urban Dental Clinics

Lucille Smith

Voices of Detroit Incorporated

Presenter/Speaker

Addressing tobacco use disparities through clinic interventions

Jodie Rudland, BA

Alameda Health Consortium

Presenter/Speaker

Coordinating with Business Health Coalitions around Chronic Disease Management

Dorothy A. Jefferss, MBA, MSW, MA

National Business Coalition on Health

This session will illustrate community and business strategies to address health care disparities. One panelist will describe a community-based initiative to address tobacco-dependence treatment in low-income clinics. A representative from the National Business Coalition on Health will describe a diabetes initiative within a regional business health coalition and explain how to work with business health coalitions on chronic disease initiatives. A third presenter will describe a community organization initiative and how to use community organization techniques to reduce the availability of alcohol in Oakland, California.

TUESDAY, MARCH 1, 2005

TOWN HALL MEETING

6:00 p.m.– 8:00 p.m.

Marriott Ballroom D

Moderator

Elizabeth Cohen
CNN Center

Presenter/Speaker

Julie Gerberdine, M.D., M.P.H.
Director, Centers for Disease Control and Prevention

Presenter/Speaker

Adewale Troutman, M.D., M.P.H.
Louisville Metro Health Department

Presenter/Speaker

Barbara Major, B.A.
St. Thomas Health Services, Inc.

Presenter/Speaker

Liany Elba Arroyo, M.P.H.
National Council of La Raza

Presenter/Speaker

H. Van Dunn, MD, MPH
Medical and Professional Affairs

Presenter/Speaker

Jonathan E. Fielding, M.D., M.P.H., M.B.A.
County of Los Angeles, Department of Health Services

Are you ready for an engaging debate on health disparities? Join in the conversation at our Town Hall Meeting as panelists - including Dr. H. Van Dunn, Senior Vice President and Chief Medical Officer for Medical and Professional Affairs for NY Health and Hospital Corporation; Dr. Jonathan Fielding, Director of Public Health and Health Officer for Los Angeles County; Liany Arroyo, Atlanta Program Office Director of National Council of La Raza; Dr. Adewale Troutman, Louisville, Ky., Metro Health Department Director; and Barbara Major, Executive Director of St. Thomas Health Services in New Orleans - square off. The night will kick off with an introduction from Dr. Julie Gerberding, Director of the CDC, as she sets the stage for the evening's discussion and shares CDC's perspective on the elimination of health disparities. As these leaders discuss differing viewpoints about the critical steps necessary to eliminate disparities, a lively discussion is sure to ensue. With a special consideration of the current public policy agenda and its relationship to health disparities, audience members will interact with the speakers, asking questions and offering contrary opinions. Moderated by Elizabeth Cohen, medical correspondent for CNN's health and medical unit, the Town Hall Meeting is sure to make for a memorable evening.